



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

RECEIVED

'05 MAR 22 A9:31

STATE OF HAWAII
STATE ETHICS COMMISSION

KO102
LAST

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Kaizawa	Lori	K.	524-4155
MAILING ADDRESS (Street)			FAX
1000 Bishop St., #90			524-0573
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Advocates			524-4155
MAILING ADDRESS (Street)			FAX
same			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Legal Aid Society of Hawaii		527-8010
MAILING ADDRESS (Street)		FAX
924 Bethel Street		527-8088
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Victor Geminiani, Esq.		527-8010
MAILING ADDRESS (Street)		FAX
same as above		
(City)	(State)	(Zip Code)

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) <u>legal aid</u>
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

Freik. Vaigawa
(Signature of Lobbyist)

3/1/05
(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
------	----------------------------------------------------

Victor Geminiani, Esq.

President

NAME OF ORGANIZATION (if applicable)

Legal Aid Society of Hawaii

TELEPHONE

527-8010

MAILING ADDRESS (Street)

924 Bethel Street

FAX

527-8088

(City)

Honolulu

(State)

HI

(Zip Code)

96813

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Victor Geminiani
(Signature of Authorizing Officer or Person Represented)

3/1/05
(Date)